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EXAMINER



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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Dalal an	d Johnson, P.L.	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
		Mark C. Johnson	
	•	Name of Person	
	N	Mark C. Johnson, P.L.	
		Firm/Company	
		404 SE 14th Court	
		Address	
	For	t Lauderdale, FL 33316	<u> </u>
		City/State and Zip Code	
	mcj	ohnsonlaw@gmail.com	178
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please of	call:	
Mar	k C. Johnson	at (954)	467-6656
Name o	f Person	Area Code & Da	aytime Telephone Number
Enclosed is a check for the	he following amount:		
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc.	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dalal and Johnson, P.L.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L11000054467
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Mark C. Johnson, P.L.
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address , Florida , Florida
City Zip Gode
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further the comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> MGRM Abdul-Sumi Dalal ☐ Add
☑ Remove 404 SE 14th Court Ft Lauderdale, FL 33316 ☐ Add Remove ___ Add Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ July 18 Signature of a member or authorized representative of a member Mark Johnson, Esq. Typed or printed name of signee

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Filing Fee: \$25.00